

Saturday Club Registration 2009 - Kitsap

Office Use

Child 1 _____ Birthdate ____/____/____ Age ____ M F

Child 1 Special Needs _____

Child 2 _____ Birthdate ____/____/____ Age ____ M F

Child 2 Special Needs _____

Parent(s) _____ Child # 1 2 needs one-on-one care

Address _____ Home Phone _____

Email _____ Cell/Msg Phone _____

I wish to register this child for the session(s) indicated:

Sheridan Parks and Rec Center
680 Lebo Blvd
Bremerton WA

Kids Discovery Museum
305 Madison Ave. N. Suite C
Bainbridge Island WA

Daytime Session: 10 am-3 pm


June 13 **July 11**
June 27 **July 25**

Evening Session: 4 pm -9 pm


June 20
July 18

# IN FAMILY	2	3	4	5+	FEE FOR EACH SESSION
Gross Yearly Income	\$35,000 or more	\$39,000 or more	\$44,000 or more	\$47,000 or more	\$22 for the first child \$9 for each additional child
	\$26,000-\$34,999	\$29,000-\$38,999	\$33,000-\$43,999	\$35,000-\$46,999	\$19 for the first child \$7 for each additional child
	\$25,999 or less	\$28,999 or less	\$32,999 or less	\$34,999 or less	\$15 for the first child \$6 for each additional child

P A Y M E N T	Fee	# of Sessions	Total	Check/Money Order <input type="checkbox"/>
	<input type="checkbox"/> Child 1 @ _____ X _____ = \$ _____			Credit Card on File <input type="checkbox"/>
	<input type="checkbox"/> Child 2 @ _____ X _____ = \$ _____			DDD Client <input type="checkbox"/>
	<input type="checkbox"/> \$20 Annual Fee _____ = \$ _____			Paid on sibling's form <input type="checkbox"/>
	TOTAL FEES \$ 			Case Manager: _____

Phone/email: _____

Bill total to this VS/MC: ____/____/____/____ Exp: ____/20____

Signature of Cardholder: _____

Payment must be received in our office no later than 5 working days before the Saturday Club your child will be attending.

Parent/Guardian Authorization: My child (or ward) has permission to participate in the activities for which he/she is hereby enrolled. In the event that my child (or ward) is photographed, filmed or recorded while at Saturday Club, Camp Fire may use the photo, film or recording for publicity, promotional or instructional purposes. I have read and understand the registration policies and all details on this form.

Parent/Guardian Signature _____ Date _____
(required)

Mail fee and registration form to: **Saturday Club
Camp Fire USA
4241 - 21st Ave W, Suite 200
Seattle, WA 98199-1250**



Please refer to your information packet for complete registration policies and information.



Camp Fire Programs are available to all people without regard to race, gender, creed, religion, national origin, sexual orientation, economic status, or mental or physical disabilities. If you use a TDD/TTY, you can call us through the Washington Relay Service at 800 833 6388. TeleBraille users, call 800 833 6385.

